ISSUE SLIP STAPLE AREA (for additional cross references) FOS:TION INITIALS ID NO. DATE **FEE DETERMINATION** O.I.P.E. CLASSIFIER **FORMALITY REVIEW** INDEX OF CLAIMS Rejected Non-elected Allowed Interference (Through numeral) Canceled Appeal Restricted Objected Claim Date Claim Date Final Original Final Original 36, If more than 150 claims or 10 actions staple additional sheet here

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